

EMS System Task Force

Minutes - July 23, 2004 meeting

	Member	Present?
EMS Region 1	Marty Boehm – Kalispell George Humeston - Plains	yes
EMS Region 2	Linda Williams - Fort Benton Justin Grohs - Chouteau	yes yes
EMS Region 3	Chris Mehl - Plentywood Clay Berger – Glasgow	yes yes
EMS Region 4	Trudy Dickerson - Dillon Mary Lou Smail - Sheridan	yes
EMS Region 5	Rick Poss - Lewistown Bob Brown - Livingston	
EMS Region 6	Carol Raymond - Forsyth Cindy Graff - Broadus	yes yes
Private Ambulance Service	Allen Bergemann - Billings Ken Downs - Great Falls (Representing Don Whalen, Missoula) Mike McGree - Butte	yes yes
Fire-based EMS Service	Wally Broeder - Glendive Brandon Stevens - Miles City Thomas Steenberg - Missoula	yes yes
Tribal EMS Service		
Flight Service	Rosie Rosalez – Great Falls	
M.E.M.S.A.	Sally Buckles – Boulder	yes
Representing Medical Director	Greg Moore, MD - Missoula Anne Williams, MD - Glasgow	yes yes
Trauma Coordinator / ENA	Elaine Schuchard - Glasgow	yes
Board of Medical Examiners	Ken Threet Jeannie Worsech	yes yes
Indian Health Service	James Upchurch, MD - Hardin	
M.H.A. - Hospital Administrator	Carol Bischoff - representing MHA Larry Putnam	yes yes
Legislator	Rep. Jeff Pattison - Glasgow	
State Trauma Care Committee	John Mootry - Dillon	
Consumer / Member at Large		

Advisory to the Task Force		
EMS & Trauma Systems	Jim DeTienne Kim Todd Thom Danenhower Pam Scott Pam LaFontaine Todd Harwell - Bureau Chief	yes yes yes yes yes
Critical Illness & Trauma Found.	Joe Hansen	yes
Hospital Bioterrorism / HRSA	Dayle Perrin - Helena Stu Reynolds - Havre	yes
Highway Traffic Safety	Audry Allums - Helena	yes

Handouts: <ul style="list-style-type: none"> • Agenda • EMS Task Force Membership • Minutes from Meeting 04/30/04 • EMS System Task Force Draft Resolution 	<ul style="list-style-type: none"> • EMS & Trauma Systems Section Information Systems Update Presentation Slides • EMS & Trauma Systems Section Plan Project Timeline Presentation Slides • CIT Community Assessment Project Presentation Slides
Discussion: Welcome / Introductions Jim DeTienne	Summary: Agenda - Any other agenda items? None added. Membership - Any suggestions for new members or for a member in a vacant position? None at this time. Minutes from April 30, 2004 Meeting - Any comments? Need to have date of meeting on cover. Other questions - Discussion on what bubble forms are, their uses and whether to continue using them for the Patient Care Report.
Discussion: Task Force & EMS Section – Why, Goals, Membership, Update - Jim DeTienne	Summary: A brief overview was given for the new members present, see last minutes.
Discussion: EMS Draft Plan - Jim DeTienne	Summary: <ul style="list-style-type: none"> • Is a suggested format for a plan which can provide direction into the development of a Montana EMS system • Task Force will develop the problems, solutions and tasks in each of the 10 EMS components • Briefly went over issues and problems discussed from the last meeting for 3 of the 10 components. Group consensus was there was no additions for these 3 components.
Discussion: Transportation	Summary: <ul style="list-style-type: none"> • Should driver training courses be mandatory and be approved, what topics/skills should be included in the course, would simulators be okay in place of a vehicle and track? Western Transportation has purchased simulators - perhaps they might be utilized, what license type should be issued/required (i.e. CDL), what about the cost to maintain the license - costs already a problem (i.e. course fees, application fees, etc. for licensure and re-licensure). • It was mentioned that there are currently many types of these courses available, but they are not being utilized. • Can the service get insurance discounts when employees complete the courses and are certified? • EMS personnel do want more skills but more easily accessible training for those skills. • What about equipment needs and inspections - In order to allow more time to draft new Service rules and to plan reorganization, State is implementing a self-inspection process with random site inspections. • Services licensing and rules are being re-written to accommodate the new Board rules for EMS personnel licensing. • Equipment competency should be required for each person in the service and every piece of equipment should be checked on a regular basis to insure it is operating correctly • Should there be a service policy based on regulations (ie. DOT or whose?) Should be used to guide inspection vehicle tires wear depths, etc. • We have patient transport issues when going to Canada (customs, licensing of vehicle, should ground be used or air) as well as locally (which hospital to use - should bypass local to go to higher level care based on patient findings, or by what hospital medical director requires). May need regional/Canadian plans developed to alleviate these issues. • Level of patient care and transport methods can challenge the local EMS system.

Discussion:

Facilities

Summary:

- Is there any interfacility transfer issues out there?
- Some regions are having more problems than others
- Has the change of the facility from medical assistance facility to critical access hospital been a problem? Yes getting more patients for tests only.
- Would like to see channel (web-based or radio) to know resources of facilities for patient transports, beds available for mass casualty incidences, etc. Pennsylvania has a system like this in place.
- Need education on how to identify available resources & where the patient would get the best care the quickest (does it have to be locally?).
- If EMTs get the training should they be allowed to initiate field activation of air services?
- We would need data to drive the quality improvements to solve these issues.

Discussion:

Communications

Summary:

- A P-25 radio project overview was discussed by Jim. The whole State will eventually be inventoried for radios and base stations.
- Radio and cell phone communication is still a problem in areas due to the lack of towers or repeaters. There is also the problem of communication between services locally (i.e. Great Falls has problem communicating with the service next door) because one uses analog devices, the other digital or using not compatible frequencies.
- Need one statewide committee to coordinate and maintain interoperability to solve these issues. ND & ID have models available that work.
- There is difficulty sometimes communicating with medical control when needed for reasons listed above.
- HIPPA requirements and frequency scanners are complicating issues.
- Do web survey to document radio/communication problems.
- Need more training on how to use the radio and what can and should be broadcast.

Discussion:

Public Information, Education & Prevention

Summary:

- Overview of the CDC smoke alarm installation, falls assessment surveys, and seatbelts education programs.
 - Fire Depts. and EMS should work together to help strengthen the needs of the community.
 - There should be a packet of resources available and where to order them (i.e. EMSIP, Safe Kids, AARP, HM/HB).
 - Need to get data to know where and what types of problems are out there that we need to do education and prevention on (i.e. injuries).
 - Use your local media to show positive things you do. This may help with the recruitment/retention issue and will educate public on level of care your local service(s) offer, since EMS is a user driven service and the user should know what to expect when they call for help.
 - Need law in place that states every community must have an EMS service? Laws are in place requiring fire and law enforcement.
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Discussion:

Medical Direction

Summary:

- This is a multi-level problem. New rules are excellent and will make it better, but need to get the information to the individual doctor along with the training (web-based would be preferred and NASEMSD is getting funding to do a program such as this) to understand their responsibilities and function to help with quality improvement.
- If shortages of medical directors becomes an issue due to insurance costs or personnel, may need to look at regional or a state director. Insurance is becoming a major problem for doctors, hospitals, services, etc.
- Comment: ALS services have better medical direction as it is required, BLS services do not require direction at this time.
- How can we attract good medical directors?
- What does the medical directors signature on State and National Registry applications mean? What are they responsible for, etc.?
- Need medical director involvement all through the courses too.
- A State medical director may help solve or alleviate these issues.

Discussion:

Trauma Systems

Summary:

- Montana has a trauma system in place, but we still need education and training to incorporate it into EMS.
- Need to link all activities to RTACs, state trauma care committee, and this taskforce.

Discussion:

Where do we go from here? - Jim DeTienne

Summary:

- Do we need more data, information, or other people/agencies input to start the EMS planning project?
 - Workgroups will begin defining the problems and issues - workgroups can include more input from other individuals and local areas.
 - Next meeting -Task force will review the master list of issues and begin prioritizing them.
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Discussion:

Sub-Committee Assignments & How to Strategize

Resource Management:	Desiree Bruce, Thom Danenhowe, Clay Berger, Fire Depts, Red Cross, DES (Charlie Hanson) Are we going to deal with mutual aid and ICS?
Education & Training:	Ken Threet, Desiree Bruce, George Humeston, Chris Mehl, Jeannie Worsech, Nancy Rahm, Jim Hicks, Jim Upchurch
Transportation:	Pam Scott, Ken Threet, Wally Broeder, Mike McGree/Don Whalen, Justin Grohs, Mike Allen, Rosie Rosalez, Carole Raymond
Funding & Policy:	Audry Allums, Larry Putnam, Thomas Steenberg, Thom Danenhowe, John Ungaretti, Jeff Pattison
Facilities:	Dayle Perrin, Chris Mehl, Elaine Schuchard, John Mootry/Rick Palagi, Greg Moore, Kim Todd, a flight crew
Communications:	Thomas Steenberg, George Humeston, Thom Danenhowe, Wally Broeder, Joe Hansen, Pam Scott, Jack Spellman, Clay Berger, Jack Williams, Dan Hawkins, rural/frontier representative
Public Information, Education & Prevention:	Mary Lou Smail, Cindy Graff, Patty Carrol - Safe Kids, Bobbi Perkins, Kathy Phillips, Bob Brown, Pamela LaFontaine, Health Mothers/Health Babies, Audry Allums, AARP
Medical Direction:	Mike Bush, James Majxner, Jim Upchurch, Greg Moore, Anne Williams, Jackson Craig, Jay Mooney, Jim has 2 names too
Trauma Systems:	Kim Todd, Anne Williams, Greg Moore, John Mootry, Mike McGree, John Bleicher, Rosie Rosalez
Evaluation & Quality Improvement:	Ken Threet, Justin Grohs, Linda Williams, Joe Hansen, Ken Downs, Carol Bischoff, Jim Upchurch
How to Strategize:	<p>example: Training & Education Goal: recruitment Strategize how to solve for all areas - may need accreditation standards Action: how to fix (public education) Then follow through with action steps</p> <ul style="list-style-type: none">• EMS will be looking at organizing getting others involved with the process, getting memo to members on list to confirm their participation on this sub-committee, setting up conference calls and list serves to do the sub-committee strategizing before the next meeting.

Discussion:

BOME Update - Ken Threet/Jeanne
Worsech

Summary:

- Two new lead instructor workshops have been conducted and the course will need updates for problems that were found. Looking at offering 2 more courses. 200 have been trained to date, but probably only 50 or so will be actively doing anything with this training.
- Working on getting medical directors training program completed in August and offered as a web-based training.
- Looking at ways to alleviate retesting candidates that fall through the cracks.
- Montana's written test pass rate is getting worse, but now in-line with national rate. Will be looking into why this is occurring.
- Critical care paramedic protocols are ready.
- First program application for a course (paramedic) in Kalispell has been approved.
- Will be getting all forms, curriculums, etc. on CD for instructors.
- Question: Will the BOME licensee lookup system or other system on the web show certified lead instructors and medical directors?

Discussion:

EMS & Trauma Systems Update -
Jim DeTienne

Summary:

- Section has new name and new room number.
 - New organizational chart of DPHHS showing divisions, bureaus, and sections shown.
 - Overview of our new planned data systems: OMAR (replaces AREV), OPHle (patient care report), will be adding hospital resources data later, patient tracking system (by GPS and web), and advanced registration for EMS disasters and courses.
 - Overview of central medical dispatch concept and plan. This does not replace 911, but will be a resource tool to better assist 911 locally and at the State level for disasters, etc.
 - HRSA training and equipment and the HRSA bioterrorism grants applications were discussed. Montana is one of the chosen 10 to submit a final training and equipment application. EMSIP will need to get final application in by August 6th. EMSIP would like to get letters of support for grant and sample of a draft resolution was distributed to members.
 - Next 2 meeting dates were set, 10/29/04 in Helena, 01/07/05 location to be determined later. 04/08/05 has tentatively been set.
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